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An Independent Review Organization

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Case Number:

Date of Notice: 10/28/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology

Description of the service or services in dispute:

Outpatient Bilateral Facet Rhizotomy L4-5, L5-S1

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
☐ Overturned (Disagree)
Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

Patient is a xxxxx. On xxxx, an MRI of the lumbar spine noted at L4-5 there was mild disc height loss and disc desiccation, with minimal degenerative changes of the facet joints. There was mild to moderate sized disc bulge with associated annular tear. At L5-S1 there were mild chronic appearing inflammatory end plate changes, with moderate to severe disc height loss. There was a small to moderate sized disc bulge, with probable small annular tear and minimal degenerative changes in the facet joints. The traversing left S1 root was likely contacted. On xxxx, the patient was seen in clinic. He reported constant pain. Medications included Robaxin, Relafen, Baclofen, Valium, and Skelaxin. On exam, reflexes were equal and symmetrical, and no spinous process tenderness was noted. Straight leg raise was negative. He had positive quadrant loading and prone hip extension for bilateral leg, and L4-5 and L5-S1 facet pain. A bilateral L4-5 and L5-S1 medial branch block under fluoroscopy was performed. On xxxxx, the patient returned to clinic. He noted no change in pain condition from previous visit. Pain was rated at 8/10. Strength and sensation were intact and he had a normal gait. It was noted a rhizotomy was recommended since the facet block helped 90%. On xxxx, the patient returned to clinic. xxxxx was working with restrictions at that time. He had positive L4-5 and L5-S1 facet mediated pain. It was noted that a designated doctor had seen him and found him not at MMI and he was recommended a rhizotomy. On xxxx, the patient returned to clinic. He complained of back pain with pain rated at 8/10. On exam he had positive L4-5 and L5-S1 facet mediated pain, and straight leg raise was negative. Strength was 5/5 and sensation was intact. It was noted xxxxx was a good candidate for a rhizotomy.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

On xxxxx, a peer clinical review report non-certified the request for an outpatient bilateral facet rhizotomy at L4-5 and L5-S1 noting that there was no documented response from the medial branch block and therefore the request was non-certified.

On xxxxx, a peer clinical report noted that there was no documentation of the response to the previous MBB, such as 70% response for two hours with the diagnostic block, as recommended. Therefore, the request was non-certified.

The records submitted for review note that the patient has the medial branch block performed on xxxxx, and the next progress note was on xxxxx, at which time it was noted the medial branch block provided 90% relief.

For this procedure to be medically necessary, the guidelines state one set of diagnostic medial branch blocks is required with a response of = 70%. The pain response should last at least 2 hours. This was not documented by the records provided.

It is the opinion of this reviewer that the request for outpatient bilateral facet rhizotomy L4-5, L5-S1 is not medically necessary and the prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment Guidelines
- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)